

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51		/			
2		/					52		/			
3	/						53		/			
4		/					54		/			
5		/					55		/			
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18		/					68		/			
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39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45	/						95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50	/						100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					